U.S. Department of Labor Office of Labor Management Standarda Washington DC 20219

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended Falture to comply may result in criminal prosecution fines or curil penalties as provided by 29 U.S.C. 439 of 44C.

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Street 9711 E HILLSBOROUGH AVE City TAMPA City TAMPA Stets Florida ZIP Code +4 33610 5923 State Florida ZIP Code +4 33610 5923 FINANCIAL SECRETARY Enter appropriate data below if, during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (accept as specified in the accusations act forth in the instructions) A Held an interest in engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively eacking to represent. 6 Name and address of Employer (including trade name if any) 7 a Nature of interest, Transaction or income 7.b. Amount. Street City State Signature 14.8 Signature and verification. The undersigned declares, under penalty of Persyry and other applicable penalties of the law that all of the information		
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Page 1 of 2

Name of Person Filing GARY COTHRON SR	File Number U			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from setting or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
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10 If 9,b or 9 c. is checked give trust or employer's name Name Trade Name If any P O Box, Bidg Room No If any	11 a Nature of such dealing			
State, ziP Code + 4 {	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received			
C Received from any employer (other than an employer covered unde	12 b Arrount.			
or from any labor relations consultant to an employer any payment of money 13 a Name and eddress of Employer or Labor Relations Consultant (including trade name if any) Name MILLWRIGHTS & MACHINERY BRECTORS LOCAL 1000 Trade Name if any PO Box Bidg Room No If any Street 9711 B HILLSBOROUGH AVE Chy TAMFA State Florida ZIP Code + 4 33610 5929	14 & Nature of payment Reimbursement for out of pocket expenses incurred while performing administrative-activities Date of payment 5/4/2004			
13.b la the Business an Employer or Consultant 7	14 b. Amount of payment \$200			

Name of Person Filing GARY COTHRON SR	File Number U			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leading to or otherwise dealing with the business of an employee your labor organization represents or is actively socking to represent, or (2) any part of which consists of buying from or selling or leading directly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
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State ZIP Code + 4	11 b Approximate dollar value of such dealing 12.a Nature of interest held or income received			
	12 b Amount			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13.8 Name and address of Employer or Labor Relations Consultant (Including trade name if any) Name MILLWRIGHTS & MACHINERY ERECTORS LOCAL 1000 Trade Name if any PO Box Sidg Room No if any Street 9711 E HILLSBOROUGH AVE City TAMPA State Florida ZIP Code + 4 (33610 5929)	14 a Nature of payment. Reimbursement for out of pocket expenses incurred and to purchase supplies for annual holiday function Date of payment 12/17/2004			
13.b. Is the Business an Employer or Consultant	14 b. Amount of payment.			

CRYSTALMAG-HUMPHREYS, CPA

Name of Person Filing GARY COTHRON SR File Number U-B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which corests of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your tabor organization or with a trust in which your tabor organization is interested 8 Name and address of Business (including trade name. If any). 9 Business deals with Name a Labor Organization Trede Neme if any b Trust PO Box Bldg Room No If any c Employer Streat ZIP Code + 4 State 11 a Nature of such dealing 10 If 0.b or 9 c. is checked give trust or employer's name Name Trade Name If any PO Box Bidg. Room No If any { 11 b Approximate dollar value of such dealing City 12 8 Nature of interest held or income received ZIP Code + 4 State 12 b Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.2 Nature of payment. 13 s. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Reimbursement for out of pocket expenses incurred Name MILLWRIGHTS & MACHINERY ERECTORS LOCAL 1000 Trace Name If any PO Box Bidg Room No if any { Street 9711 E HILLSBOROUGH AVE TAMPA State Florida ZIP Coda + 4 33610 5929 14 b Amount of payment. 13.b is the Business an Employer (X) or Coresultant \$634 PHONE NO 8636196357

Name of Person Filing GARY COTHRON SR	File Number U-			
8 Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employee your labor organization represents or is actively seaking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
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13.a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name MILLWRIGHTS & MACHINERY BRECTORS LOCAL 1006 Trade Name, if any P O Box, Bidg , Room No if any Street 9711 B HILLSBOROUGH AVB City TAMPA State Florida ZIP Code + 4 33610 5929	14.a Nature of payment Resimbursement for out of pocket end for training meetings Date of payment: 8/19/2004	epenses incurred		
13.b. is the Business on Employer or Consultant 7	14 b Amount of payment	\$102		

Name of Person Filing GARY COTHRON SR		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from salling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
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10. If 9 b or 9 c. is checked give trust or employer's name Name Trade Name If any P.O Box, Bidg. Room No. If any Street City State 1 2IP Code + 4	11 a Nature of such deal 11 b Approximate dollar val 12.a Nature of interest he	Lie of such dealing			
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or from any tabor relations consultant to an employer any payment of money or other thing of value					
13 a. Name and address of Employer or Labor Relations Consultant (Including trade name If any).	Reimbursement for for training meet	r out of pocket expenses incurred			
Name MILLWRIGHTS & MACHINERY ERECTORS LOCAL 1000	Date of payment				
PO Box, Bidg., Room No If any		; ;			
Street 9711 B HILLSBOROUGH AVE		j			
City TAMPA State Florids : ZIP Code + 4 33610 5929		***************************************			
13.b is the Business an Employer Or Consultant [] ?	14 b Amount of payment.	\$75			